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DEPARTMENT FOR EUR/PGI (TESSLER) AND OES/IHB (LAURITZEN)
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SUBJECT: KYRGYZSTAN: STATUS OF BERLIN DECLARATION ON TUBERCULOSIS

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¶1. (U) Reftel requested a report on the status of implementation of the World Health Organization's Berlin Declaration on Tuberculosis. The Berlin Declaration, which was signed October 22, 2007, contains specific commitments for combating the disease.

¶2. (U) Tuberculosis (TB) remains one of the biggest public health challenges for Kyrgyzstan. The TB case notification rate in Kyrgyzstan is still higher than 100 TB cases per 100,000 people, which is 20-30 times greater than in the United States. Poverty makes the country vulnerable to the threat of TB and dependent on international assistance to overcome this public health challenge. Interruptions in the supply of TB drugs in the past years (2002-2003), poor patient compliance with treatment, high migration, and a large prison population at high risk for spreading TB have contributed to TB increases. Multi-drug resistant TB (MDR-TB), which is more costly, time-consuming, and challenging to treat, poses a growing threat.

¶3. (U) The Kyrgyz Government has identified TB as one of the highest public health priorities, and it is committed to fighting the disease. The government has developed and implemented comprehensive, multi-sectoral National TB Programs in 1995-2000 and in 2000-2005, and at present it is implementing a third program (2005-2010). Kyrgyzstan was the first country in Central Asia to adopt the World Health Organization (WHO) endorsed Directly Observed Treatment, Short Course strategy (DOTS) as a national strategy in 1996, reaching 100% coverage in 1998. Kyrgyzstan is unique in the region for having almost achieved WHO targets for treatment success (84.5%, with a target of 85%) rate for addressing MDR TB, both in civilian and prison population, and for developing legislative and policy documents on TB control.

¶4. (U) By signing the Berlin Declaration, Kyrgyzstan demonstrated its further commitment and political will to combat TB and reverse the TB epidemic. The government continues its efforts to decrease TB morbidity and mortality, and to maintain the level of success achieved through years of effort. At policy level, a draft Decree, which would improve collaboration between prison and civilian TB

services, to develop reliable referral mechanisms between civilian outpatient and penitentiary systems for providing TB DOTS, is pending the Prime Minister's approval. A pilot project on Logistics Management Information System (LMIS) was successfully implemented in Talas oblast with USAID assistance, and a draft Order to implement LMIS nationwide is pending with the Ministry of Health (MOH).

15. (U) USAID continues to help facilitate integration of the vertical TB system into the broader health system, further increase the capacity of primary health care (PHC) in early diagnosis of TB and treatment at the continuation phase, and improve referrals systems between PHC, inpatient care, and civilian and prison systems. The integration of vertical programs like TB control is one of the objectives of "Manas Taalimi," the Kyrgyz national health reform program.

16. (U) USAID and its implementing partners are participating in the Thematic Working Group on TB in prisons and collaborate with MOH, Ministry of Justice, Ministry of Labor and Social Services, and Ministry of Internal Affairs to seek official government approval for algorithms for improving referrals between prison and civilian systems, based on USAID-funded projects assessment of barriers to improved coordination. Once a government decree is passed, USAID will work with each Ministry to develop supporting regulatory documents, begin implementing algorithms, and support monitoring of the coordination of care between the prison and civilian sectors.

17. (U) The USAID-supported TB Electronic Surveillance and Case Management system (TB-ESCM) is being implemented nationwide and is an essential component of the national TB control program. The pilot laboratory Quality Assurance program is operational in Chui oblast.

18. (U) To leverage funds on TB control, USAID in cooperation with other partners assisted the MOH in the preparation of its successful

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application to the Global TB Drug Facility (GDF) for TB pediatric drugs. With the award, the government will have the possibility to treat children with TB using pediatric dose started in 2008.

19. (U) The USG coordinates closely with implementation of the National TB Program, including TB grants from the Global Fund to Fight Aids, Tuberculosis, and Malaria (GFATM) (\$2.8 million from R2 and \$9.9 million from R6). USAID and its implementing partners assisted with development of the successful sixth round grant; we will help in development of the country's application to R8.

110. (U) Following the signing of the Berlin Declaration on October 22, 2007, Kyrgyzstan is prioritizing control of its TB epidemic by identifying existing weaknesses and gaps. In mid-March 2008, the government is holding a workshop to discuss implementation of the Berlin Declaration. Continued assistance is required for DOTS+ expansion and enhancement, to maintain quality and develop policy and tools at the national level to ensure sustained, successful implementation of DOTS+, and to address TB/HIV co-infection in a comprehensive manner. Work to improve laboratory capacity and quality assurance are included. A key area will be TB care and support, with national communication strategies increasing community awareness of and responsiveness to TB. Reducing stigma related to TB diagnosis is a necessary step to increase case detection and improve treatment outcomes. Country Strategic Information Capacity must be developed in order to avoid drug shortages and interrupted treatment.

111. (U) Particular challenges affecting the sustainability of results in Kyrgyzstan include the socioeconomic situation, low salaries for health care professionals, and the high turnover of MOH and health care professionals, many of whom emigrate to Kazakhstan and Russia. Even though the TB is a high priority for the government, the TB program is fully funded by donors and probably will continue to depend on donor support due to the country's poor economic status.

YOVANOVITCH